

ADOLESCENT SEXUAL ABUSERS

THE PREDICTION OF SEXUAL RECIDIVISM – Literature review

A TYPOLOGY – An Empirical Study

by

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Abstract

Scrutinising the theory and practice of the assessment of risk of sexual recidivism within the literature, and an empirically developed offence and victim information based typology of adolescent sexual abusers were the main areas of interest within this thesis. The intention was to examine the utility of offender types or categories in the assessment of risk of sexual recidivism. The findings were placed in the current expertise.

The results of the literature review of risk of sexual recidivism in adolescent sexual abusers of the years 1990 to 2003 identified twelve studies, which examined mainly static factors related to sexual recidivism. In recent years, there has been an increased concern on dynamic variables as predictors of sexual recidivism. The typology identified five distinct clusters based on archival offender and victim information of the adolescent sexual abusers: (1) child rapist; (2) child fondler; (3) peer of adult fondler; (4) male or multiple rapist; and (5) peer or adult rapist. The categories acquire validity, when positioned against offender background information and significant differences in deviancy can be detected. Overall, the results advocate the study of separate types of adolescent sexual abusers in the assessment of risk of sexual recidivism.

To Carl

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Chapter 1

Introduction

The overall aim of this current thesis is to look at the issue of assessment, and in particular assessment of the risk of sexual recidivism and to what extent assumptions about and acknowledgment of the different types of adolescent sexual abusers may assist this assessment, hence furthering our knowledge about possible differential states of risk posed by different adolescent sexual abusers. Suggestions for applying the findings in future research and clinical practice are offered.

In Chapter 1, a systematic review of research literature published between 1990 and 2003 is presented, which was published in *Aggression and Violent Behavior* in March 2007 (Vol. 12; pp.427-438). The review examines studies of risk factors that predict exclusively sexual recidivism in adolescent sexual abusers. The Introduction of the paper reviews the rationale for studying this specific group of offenders, highlighting some of the difficulties of this type of research as well as emphasising factors aiding in the prediction of risk of sexual re-offending.

The findings of the systematic review are presented, first, in terms of sexual recidivism statistics; and, secondly, regarding risk factors identified. The conclusions and difficulties of such research were evaluated in the light of overall assessment and specifically assessment of risk of sexual recidivism. In Chapter 3a, recommendations for future research in this field were provided highlighting issues such as sample selection and time scale, assessment

tools and recidivism data. Given that this research was conducted half a decade ago, an update of the research of the consecutive years is provided in Chapter 3b.

In Chapter 4, a study is presented that aims to develop an empirically derived typology of male adolescent sexual abusers from a British sample based on Adolescent Sexual Abuser Project (A.S.A.P., Beckett, 2003) database in Oxford. The study discusses various previous typological studies, prior to presenting a new typology of adolescent sexual abusers. The typology is based on the background information relating both to the offender and the circumstances of the offence collected from 409 adolescents at the A.S.A.P. Using cluster analysis techniques, distinct groups of juvenile sex offenders were identified: (1) Child rapists, (2) Child fondler, (3) Adult/peer fondler, (4) A mixed category of multiple and predominately male child rapist, and (5) Adult/ peer rapist. These clusters showed significant differences among juvenile sex offenders and thus while suggesting heterogeneity within the offender group it also illustrates the importance to study distinct types of adolescent abusers.

In Chapter 5, the findings of both the literature review of sexual recidivism and the typological study of adolescent sexual abusers are revisited and intertwined with research supporting the overall rationale, that the recognition of different categories of adolescent sexual abusers may improve the study of adolescent sexual offending and of risk assessment.

Prior to the presentation of the studies, the origins of the data in the empirical study and the nature of the Adolescent Sexual Abuser Project will be highlighted with regard to ethical concerns concerning research into vulnerable populations.

The Adolescent Sexual Abuser Project

The Adolescent Sexual Abuser Project (A.S.A.P.) at the Oxford Clinic was a multisite project focussing on the assessment of juveniles, who sexually abuse others, supported by the N.H.S., Home office and private funding. Data of juvenile sexual abusers from both community and institutional settings in Great Britain and the Republic of Ireland was gathered as part of a service to these institutions in order to assess young men within their care before and after treatment. As such the A.S.A.P. was never a research project but a service provider. Institutions asking for assessment included community-based projects, day clinics and residential treatment facilities funded either privately or via local authorities, Youth Offending Teams and Young Offender Institutions.

The compilation of the adolescent sexual abusers assessment protocol represents an extension of the Sex Offender Treatment Evaluation Project (STEP), funded by the Home Office, which has successfully developed a set of measures to profile and evaluate treatment change in adult sex offenders (Beckett, Beech & Fisher, 1984; Fisher, Beech & Beckett, 1998). The self-report questionnaires, which were the basis of the A.S.A.P., cover three broad areas: social functioning (self-esteem, emotional loneliness, perspective taking, assertiveness, anger, impulsivity, etc.), offence-specific problems (cognitive distortions, emotional congruence, victim empathy) and validity scales (social, and sexual desirability). In addition, personal history information of the juvenile abusers was collated.

Ethical considerations

A senior forensic psychology consultant as well as various research psychologists managed the project. From the beginning stages general ethical principles as outlined by the BPS ruled the conduct of the practicing psychologists as well as participant agencies. As such the participants were protected by and cared for by the referring agencies, though, in addition retrospective consent was sought from each participant, when the assessment pack was sent out for completion. The participants agreed under the premise, that no adolescent taking part in the project will be identified, to have completed the assessment measures out of their own volition and to allow their data to be collected in the A.S.A.P. database for analysis. Similarly, no victim has been identified. It was necessary to gather basic information on both offender and victim in order to construct the assessment scales appropriate to each individual assessment (referral form). Qualified practitioners within the referring agency, some of which had been trained specifically by the managing consultant and stood in close contact to both the project manager and administering psychologist, gave feedback to the young person on the assessment. Exclusion criteria were insufficient cognitive ability, literacy deficits as well as age as assessed by the referring agencies. The data of each young person was held confidential and locked on the premises of the N.H.S. Health Trust in Oxford separate from inpatient data files. Only the manager and project administrators had access to the database and the file information. Principles of the Data Protection Act (1998) were embraced to throughout the project.

While the service provision of the A.S.A.P. by its very nature was non-anonymous, as individual reports on the performance of each participant were requested and provided for the referring agency as well as re-test/ after treatment performance on the measures. The

data used in this analysis of the background information was a strictly anonymous. Information allowing the recognition of the young person or the referring treatment centres, literally information regarding locations or names was omitted. Information such as whether the person was cared for in the community or in a YOI was equally irrelevant for the analysis and therefore excluded.

In particular, the paper on the typology of adolescent sexual abusers used data collected by the A.S.A.P. referral form (see Appendix). The referral form was completed by the individual referring agency generally from archival file information of each participant. According to BPS guidelines as interpreted by Howitt and Cramer (2005) no direct consent need to be sought from the individual when archival data is used, if the information used does not impinge confidentiality or causes harm to the individual (Gunby & Woodham, 2010). Regarding its content the data covers the following areas: age of referral and onset of abuse, relationship to victim, status of admittance/ denial, prior offence record, educational background, health issues, family involvement with Social Services prior to offence and whether there is another abuser in the family, behavioural problems (being bullied, truancy, suspension/exclusion from school, fighting, bullying, delinquency and substance abuse), personal abuse history (whether sexual, physical and/ or emotional abuse), treatment history. The referral form also collates information about the offence (duration, nature and setting) and victim characteristics (sex, age, relationship). Neither name, date of birth nor address of the referring institution or agency was examined for this study. The questionnaire collecting follow-up data on the sample included questions about whether or not the young person had been assessed and treated or not, and whether he had re-abused sexually, re-offended non-sexually, whether he was incarcerated or had other problems following treatment.

Chapter 2

Gerhold, C.K., Browne, K.D., & Beckett, R. (2007). Predicting recidivism in adolescent sexual offenders. *Aggression and Violent Behaviour*, 12, 427-438.

Chapter 3a

Implications of the literature review for future research

In the published paper of 2007, this final part regarding implications of the review was omitted. Having reviewed studies of sexual recidivism in juvenile sexual abusers, having illustrated base rates, as well as predictor variables and noted various methodological problems which characterise these studies the following list tries to summarize some of the characteristics, which indicate that the attempts made were not all without benefit. This summary list to some extent presents intimately linked decision points to prevent type two errors when planning a study of sexual recidivism in adolescents, and is most likely not exhaustive. There may be no easy solutions to the issues or problems raised, but their consideration is essential.

Sample Composition

Given the importance of sample composition it was discussed at some length above that research studies presently examine only ‘detected’ juvenile sexual abusers. While this limits the representativeness of the results over the whole population of adolescent sexual abusers, namely, the ‘undetected ones’, there is no solution to this problem. These samples are frequently mixed, that is, they include all adolescent abusers irrespective of victim choice or offence behaviour: child molesters, rapists of peers or adults and various other hands-off offenders such as exhibitionists. For typology studies including all abusers may be sensible. The sexual abusers typological study presented here demonstrated a number of significant differences between offender groups. Existing research also has highlighted the heterogeneity of the offenders. Thus, to examine whether recidivism is equally high across

different offender groups, some other type of coding may have to be included to detect differences in the risk factors. Generally research favours study designs that include comparison groups, whether they are so-called 'normal' or other delinquent groups, treatment or treatment failure, various treatment modalities. To avoid not finding anything concrete (i.e., type two error) as well as unidimensional statements, heterogeneity needs to be respected. For instance, specific information for recidivism in special groups may allow treatment to become more individualised and, thus, more appealing to the offender and effective for society. Age bands, in addition to offender type, may be a valuable distinguishing factor in a larger sample, particularly if normal sexual behaviour could be used as a comparative variable. In this respect, research should also investigate what is currently considered as 'normal' in the general population of adolescents. The great majority of studies use samples of around 50 adolescent abusers. Generally, however, sample sizes vary considerably, they range from 16 to 220 participants, or 409 as in the study presented. If care is taken in respect of the sample composition it may prove that an average sample size is sufficient to produce significant effects.

Time Scale

One of the main criticisms in many studies of sexual recidivism is the short follow-up time employed, which often incorporates an even shorter actual 'time-at-risk'. Follow-up time includes the time where the adolescent is still in treatment or incarcerated, on probation or supervision, and is, thus, unable or at least limited in his possibilities to re-offend (Prentky et al. (1999). Time-at-risk, on the other hand, refers to the time where the adolescent is no longer constrained. Adolescent sexual abusers may begin abusing well before reaching adolescence and may once detected deter for many years, maybe as argued by Prentky et al. (2001) desist until adulthood. Explaining and understanding such very long time intervals

may inform to a greater extent the true incidence and nature of the very invisible behaviour of sexual abuse. But keeping track of adolescents and their families over years, maybe decades, requires a great deal of commitment and multi-agency coordination from the researcher, but an even greater commitment and patience from the offender and his family. Time scale, in addition to the intrusiveness of being a participant in a research project, may be the reason why so many studies favour retrospective data collection. But this, of course, somewhat limits the value of the information that can be collected after the event. Financial constraints as well as ethical considerations, thus, may make longitudinal studies of a prospective nature very difficult.

Assessment Tools and Methods

At present, there is no published, standardised assessment protocol available that reliably assesses risk of sexual re-offending in adolescents. The J-SOAP (Prentky et al., 2000) and the ERASOR (Worling et al., 2000) are good attempts and try to include both static and dynamic factors in the process of risk assessment. Particularly, the former is convenient to apply. However, the structured interview format of the ERASOR appears to be more apt to accurately assess individual risk of sexual recidivism. Studies have revealed that more work needs to be done to be able to say that both reliably and validly assess risk of sexual recidivism and are able to identify high-risk adolescent sexual abusers (Viljoen, Scalora, Cuadra, Bader, Chávez, Ullman & Lawrence, 2008; Viljoen, Elkovitch, Scalora & Ullman, 2009). An addition is the Adolescent Sexual Abuser Protocol (Beckett, 2003, unpublished). Its self-report questionnaires attempt very discriminatively to examine social functioning, offence-specific problems and link them with personal history information of the individual juvenile sexual abusers, thus, creating a new and apt tool for assessment, that can be applied

pre- and post-treatment. Yet, while it includes a host of measures for dynamic variables, its appropriateness as a risk assessment tool can presently not be judged.

Assessment per se is a complex process. Decision about what and how to assess a juvenile sexual abuser are crucial to any study, not only studies of sexual recidivism. Assessment may be clinical, psychometric, physiological or based on case files. Assessing static variables, referring to the offenders' personal history, may be relatively effortless as it may entail extracting information from official records and case files. However, case files are rarely complete. All other types of assessment are slightly more complex and some are quite intrusive. Physiological assessments using the polygraph or PPG have been called for by some researchers but they may not be age or ethically appropriate, and studies are divided concerning their usefulness and results.

Similarly, psychometric tests need to be developed and tested for reliability and validity. What do they measure? Have the measures been developed for adults or adolescents? And what do the results mean compared to so-called 'normal' populations? Has someone else used the same measure on this population and can the results be compared? So far few recidivism studies have employed or published the use of psychometric test batteries. However, trying to measure dynamic variables is very important, as they may measure change in behaviour more reliably than a clinician. Clinical interview and clinician's judgements are according to Monahan (1981), as reported in Doren (1998), often inaccurate and overpredict violence. Thus, assessment based on any one of these methods alone would be misleading and research has to aim to collect data from all sources and corroborate it, to achieve a near complete picture of the individual abuser as well as groups of abusers, prior to making any statements about sexual recidivism.

Measuring Recidivism

Measures of recidivism it seems will always remain the most contested issue. In many studies, recidivism almost equals reconviction, at the outset, irrespective of the kind of recidivism. Some studies, however, examine groups of offenders according to whether they reoffended sexually, violently non-sexually or non-violently. As such it has been argued widely, however, that reconviction is too insensitive a measure. Reconviction is influenced not only by the juvenile being detected for his sexually abusive behaviour, but also by the legal systems response to detection. Sexual abuse is highly underreported and maybe even more so when committed by adolescents. However, Bremer (1992) observed that self-reported reoffence rates of adolescents sexual offenders may be less flawed than previously assumed. In fact, in her sample the self-reported re-offences were higher than official figures. How can we measure recidivism then: official records of reconvictions, re-arrest figures or self-reported relapse behaviour? Should a national registry be used or local records? None of these measures are ideal and maybe a combination of all is what should be aimed at. That is, to correlate reconviction data with client's self-reported behaviour may be a way forward in measuring actual recidivism in 'detected' adolescent sexual abusers. Large-scale anonymous studies of the general public may also help to identify not only underreported incidence of sexual offending/ abuse but also re-offending.

Chapter 3b

Update: Research on Adolescent Sexual Recidivism 2003-2010

Following the previously unpublished work on the implications of the literature review, an update of the years following the publication is provided. Using the same method as employed in the published paper, the terms sex(ual) recidivism, sexual reoffending and juveniles or alternatively adolescent were entered into the search engines of Univeristy of Birminghams' elibrary (concentrating again on Psycinfo, Medline, and the Cochrane Library). The computerised search offered eight studies within the time frame (2003-2010) that examined sexual recidivism or reoffending in juvenile sexual abuser. Some of these studies were meta-analyses (McCann & Lussier, 2008, Worling and Långström, 2003), others tested the predictive value of risk assessment and specific risk assessment tools (Caldwell, Ziemke & Vitacco, 2008; Hagen, Anderson, Caldwell & Kemper, 2010; Prentky, Li, Righthand, Schuler, Cavanaugh & Lee, 2010; Viljoen, Scalora, Cuadra, Bader, Chávez, Ullman & Lawrence, 2008; Viljoen, Elkovitch, Scalora & Ullman, 2009;) or treatment effectiveness and sexual recidivism (Worling, Littlejohn & Bookalam, 2010). These studies will be revisited in the light of their findings on risk of sexual reoffending.

By far the most comprehensive and informative, though narrative meta-analytic study on sexual recidivism, was conducted by Worling and Långström (2003). Here, recounting findings of research on juvenile sex offenders as well as on adult sex offender, the authors depict 'supported', 'promising', 'possible' and 'unlikely' risk factors of sexual reoffending in great detail (p.344) as well as appraising two risk assessment tools, namely, J-SOAP (Prentky, Harris, Frizzell & Righthand, 2000) und ERASOR (Worling & Curwen, 2001).

The results regarding ‘supported risk factors’ included six empirically observed characteristics of adolescent sex offenders: deviant sexual interest (in children), prior criminal sanctions for sex assaults, past sex offence against two or more victims, selection of a stranger victim, social isolation or lack of intimate peer relationships and incomplete offence-specific treatment (Worling & Långström, 2003). With the exception of the latter two factors, the results correspond with the reviews findings on static risk factors that were presented in Table 2. In the second category, ‘promising risk factors’, Worling and Långström (2003) concentrate on the more dynamic risk factors such as problematic parent-adolescent relationships or parental rejection, and attitudes supportive of sexual offending. Again research findings from both the adolescent and adult field are cited, though lacking the broad empirical support. The authors refrained from using ever more sophisticated mathematical computations in favour of informing of the various levels of observed and validated risk factors to such risk factors that may be involved but may at present lack empirical validation. As such this study can be a guide to the treatment providers in child psychiatry, mental health or social work, as well as the juvenile justice system.

In their meta-analysis, McCann and Lussier (2008) aimed to examine antisociality and sexual deviance constructs in terms of their predictive power for sexual recidivism. They skilfully employed statistical methods to extrapolate risk factors from worldwide research data and testing the strength of their relationship to sexual reoffending. In essence, McCann and Lussier (2008) reported that antisociality, criminal history (previous sexual or non-sexual offences) as well as using threats and weapons in the offence significantly predicts recidivism. Regarding the construct of sexual deviance, victim characteristics such as the gender (male victim), relationship to the victim (stranger victim) and age of the victim either child or adult but not peer, significantly predicts sexual recidivism. The findings are

supportive but fail to increase existing knowledge. Both studies, McCann and Lussier (2008) and Worling and Långström (2003), supported the notion propagated in the thesis that as time at risk increases, so does the risk for sexual reoffending. So far, nothing completely revolutionary.

An interesting perspective on risk assessment is a series of studies examining the predictive value of present state-of-the-art risk assessment tools (Viljoen et al., 2008; Viljoen et al., 2009). Viljoen et al. (2008; 2009) examined recidivism broadly, that is, general delinquency, violent offending and sexual offending. In the first of the two studies Viljoen et al (2008) examined the predictive validity of the Juvenile Sex Offender Assessment Protocol–II (J-SOAP-II, Prentky & Righthand, 2003), the Juvenile Sexual Offence Recidivism Risk Assessment Tool–II (J-SORRAT-II, Epperson, Ralston, Fowers & de Witt, 2005), and the Structured Assessment of Violence Risk in Youth (SAVRY; Borum, Bartel & Forth, 2003). In the second study, Viljoen et al. (2009) studied the predictive power of the Estimate of Risk of Adolescent Sexual Offence Recidivism (ERASOR; Worling & Curwen, 2001), the Youth Level of Service/Case Management Inventory (YLS/CMI; Hoge, Andrews & Leschied, 2002), the Psychopathy Checklist: Youth Version (PCL: YV; Forth, Kosson & Hare, 2003) and Static-99 (Hanson & Thornton, 1999). Given that these instruments correspond with much of what is known about recidivism it is surprising to find that some even seem to be unable to validly and reliably identify general recidivism, let alone sexual Recidivism. In fact in both studies Viljoen et al., 2008; 2009) argued that none of the instruments were able to predict ‘detected’ sexual recidivism. The same was reported by Caldwell et al. (2008) in an article on the state of sex offender legislation based on instruments that at least at present seem not validated for sexual recidivism prediction. The tools were, however, effective in predicting nonsexual violent recidivism.

Base rates for sexual recidivism were the emphasis of Hagen et al's (2010) study. Generally, it was assumed that base rates for sexual recidivism are rather low. However, depending on the sample studied, they can be anything but low. Hagen et al. (2010) studied 17 juveniles who were held under the special legislation observing a base rate of 42% at a 5-year at risk time. Hagen et al. (2010) argued for differential treatment for different groups within the population of juvenile sex offenders. The results of the Viljoen studies may, thus, simply be an artefact of sample selection. Caldwell et al. (2008) argued that they studied a group of highly aggressive and disruptive individuals when showing that the PCL: YV has predictive propensities. Prentky et al. (2010) found predictive validity for the J-SOAP-II in their study, yet again stating that their sample was rather 'untypical' as it consisted of a high risk subgroup, with base rates for sexual reoffending among the adolescent (14-16%) and preadolescent (25-28%).

In this short appraisal of studies published in the years following the publication of the literature review some of the features discussed in the implications, namely, how and what do we measure, who do we measure, and when, continue to haunt research. The statistical analysis becomes ever more sophisticated, to answer the apparently simple question of who will reoffend. In this respect the above review and its findings remain relevant. The prediction of sexual recidivism continues to be a conundrum to both professional and academic pursuits.

In the following chapter, a study is presented that illustrates the value of the division of adolescent sexual abusers into groups of offenders based on background information concerning the victim and offence details. Studies frequently use some form of division such

as offenders against children and offenders against peers and adults as a convenient divider of subgroups. However, few studies have examined this division empirically.

Chapter 5

A Juvenile Sexual Offender Typology based on Offence and Victim Characteristics

Abstract

Objective: The study aimed to develop an empirically derived typology of British male adolescent sexual abusers.

Method: A cluster analysis was applied to 409 male juvenile sexual offenders based on file information concerning the characteristics of their victims and details of the offender's background and recidivism. This was obtained from files held at an adolescent sex offender intervention project in Oxford, England.

Findings: Five meaningful clusters were identified and compared. Three clusters contained adolescent sexual abusers of younger children, while the other two clusters consisted mainly of sexual aggressors against peers and adults. Besides victim age, the nature of the sexual act characterised the different clusters.

Conclusions: The typologies of child rapist (1), child fondler (2), adult/peer fondler (3), multiple male child rapist (4), and adult/ peer rapist (5) showed significant differences among juvenile sex offenders suggesting they are a heterogeneous group.

Keywords: Offender typologies, juvenile sex offences, victim characteristics, child sexual abuse.

Introduction

Every juvenile sex offender is unique (Ryan & Lane, 1997). One difficulty when studying juvenile sexual offenders is the widely reported heterogeneity of this group of offenders (Awad & Saunders, 1991; Burke & Donohue, 1996; Knight & Prentky, 1993). It has been argued that the heterogeneity needs to be reduced in order to improve understanding of the developmental pathways of sexually abusive behaviour, increase treatment effectiveness by becoming more specific to the needs of different groups, and to assist in the assessment of risk of recidivism of both a general and sexual nature (Becker, 1998; Davis & Leitenberg, 1987; Långström et al., 2000; Worling, 2000).

To minimise diversity, the study of sub-groups has been suggested according to which offenders may be compared (Davis & Leitenberg, 1987). Classifications involve, for instance, grouping offenders according to their observed offence behaviour, victim age, and gender. In this respect, Worling (2001) stated that little new is learnt from research that is mostly based on the distinction between child abusers and peer sexual aggressors. Classifications that work well for adults may be more problematic in adolescent samples as argued by Butz and Spaccarelli (1999) 'rape and child molestation may not be mutually exclusive' (p.219). In addition, sexual behaviour problems are seldom the only problem faced by an adolescent sex offender as Becker (1990) specified in an example of a rape that occurs during a burglary. Thus, the sexual assault must be considered as a by-product of a more general criminal behaviour pattern. Other classifications not based on offence or victim characteristics, include amongst others, the sub-grouping of adolescent sexual abusers according to whether or not they present with a history of non-sexual offences

(Butler & Seto, 2002), juvenile delinquency or prior victimisation histories such as childhood sexual abuse (Worling, 1995; Johnson & Knight, 2000; Veneziano, Veneziano & LeGrand, 2000), use of physical force (Butz & Spaccarelli, 1999), personality characteristics (Herkov, Gynther, Thomas & Myers, 1996), incest versus non-incest offenders (Worling, 1995). The list is not all-inclusive and findings are generally far from conclusive. As such most research on juvenile sex offenders to date continues to be descriptive (Davis & Leitenberg, 1987).

A classic approach to the classification of types in science is the development of typologies, where groups that share important characteristics are devised by either the deductive or inductive approach. Typologies such as Becker (1988), and O'Brien and Bera (1986), are based on clinical impressions rather than empirical work. Though such typologies have value in explaining aspects of sexual aggression, they have yet to be empirically validated (Gray & Pithers, 1993).

Knight and Prentky (1993) in applying their Massachusetts Treatment Centre (MTC) rapist and MTC child molester typologies, developed for adult sex offenders, to adolescents advocated to combine inductive (data-driven) with deductive (theory-driven) approaches. It was found that only two characteristics, low social competence and high antisocial types were relevant in an adolescent population. Problems with this typology, however, relate to the problem of applying adult standards to adolescents as well as a priori separation of the sample into groups based on victim age.

Hunter, Figueredo, Malamuth and Becker (2003) typology attempted to classify juvenile sex offenders and develop a pathway model of sexual offending including psychosocial

functioning, general delinquency, hostile masculinity and egotistical-antagonistic masculinity as well as childhood maltreatment. The main difference, however, was again based on whether the adolescents offended against prepubescent children or peers and adults. In addition, the very small number of individuals offending against pubescent and postpubescent females makes interpretation problematic.

Other recent approaches of purely data-driven typologies were conducted by Worling (2001) and Långström, Grann and Lindblad, 2000. Worling's (2001) four-cluster typology based on personality scores (a replication of Smith et al. 1987) identified four clusters that grouped adolescents as antisocial/impulsive, unusual/ isolated, overcontrolled/ reserved and confident/aggressive types. He found no relation between these types and victim characteristics such as age or gender or offenders history of childhood sexual victimization.

Langström et al.s (2000) five-Cluster typology based on offence-related variables found not only significant differences in offenders' clinical and personal history characteristics but also with regard to their risk of sexual re-offending. The problem with this study was, however, a small sample size. Although, it has been argued that currently available typologies lack depth (Rich, 2003), others indicate that using empirically derived typologies in risk assessment may be auspicious and may offer explanations as to the pathways to sexual aggression (Caldwell, 2002).

The current study used offence and victim characteristics in order to develop an empirically derived typology of juvenile sexual abusers without prior sub-division of the sample. In order to examine the external validity of the newly developed typology, various variables of the offender's own background as well as re-abuse data collected from this sample was used

to examine the findings. The development of a simple typology based on static variables, is seen as an appropriate starting point for future more complex attempts to classify adolescent sex offenders.

Method

Participants

Referral information regarding personal history, offence and victim characteristics of 409 juvenile male sexual offenders (JSO) referred for assessment by the Adolescent Sexual Abuser Project (A.S.A.P.) in Oxford, England, was analysed for this study. The A.S.A.P. is a multisite research project focussing on the assessment of juveniles, who sexually abuse others. The data of the JSO was provided from both community and institutional settings (treatment centres, Youth Offending Teams and Young Offender Institutions) in Great Britain and the Republic of Ireland. At the time of referral the mean age of the offenders was 15.89 (*SD* 1.94) ranging from 11 to 21. 85% (348/409) of the participating juveniles admitted the offences for which they were referred, 15% (61/409) denied. The 409 JSO offended against a total of 815 victims, with 45% (182/409) having more than one identified victim. The age of the victims ranged from 1 to 71 years of age (*mean* = 11.13, *SD* = 9.34). 62% of the victims were children, 33% adolescents or adults and in 5% of the cases the offender crossed-over between victims of different age groups. Regarding victim sex, 63% of the victims were females, 22% males and 15% the offender had victims of both sexes. Follow-up data was collected on 59 (14% of the overall sample) of the 409 JSO. Out of these 75% (44/59) were still incarcerated at the follow-up (2-5 years). 15% (9/59) had re-offended sexually by this time, 10% (6/59) had committed another non-sexual offence.

Demographic and offence variables

The A.S.A.P. referral form used to collect data for this study covered the following main areas: age of referral and onset of abuse, ethnic origin, relationship to victim, status of admittance/ denial, prior offence record, education, health, family involvement with Social Services and whether there was another abuser in the family, behavioural problems (being bullied, truancy, suspension/exclusion from school, fighting, bullying, delinquency and substance abuse), abuse history (sexual, physical and emotional abuse), treatment history. The variables included were dichotomous. The referral form collates information about the offence (duration, nature and location) and victim characteristics (sex, age, relationship). The offender background and offence related information collected in the referral form was completed by the case manager of the juvenile offender at the referring agency, treatment centre or YOI. The data was as such secondary, and it was not possible to establish inter-rater reliability tests. The simplified coding (yes/ no/ dk) left few possibilities for coding errors.

The questionnaire collecting follow-up data on the sample included questions about whether or not the young person had been assessed and treated or not, and whether he had re-abused sexually, re-offended non-sexually, whether he was incarcerated or had other problems following treatment. Time at risk was not assessed. The same referring body as that in the referral form again provided this information.

Data analysis

The analysis involved various statistical procedures (Hierarchical Cluster Analysis and χ^2 Tests) and the statistical package SPSS 12.0 was used for the computations. Beech (1998) paper on an adult child abuser typology, as well as Långström et al. (2000) described above, was taken as model for both data analysis (Hierarchical Cluster Analysis) and subsequent

interpretation of Clusters. X^2 Tests were then used to compute differences both in the offence/victim variables and various background variables. Prior to the data analysis cases with missing data in any of the relevant variables were removed from the data set and variables were recoded into binary variables.

Results

Following a Hierarchical Cluster Analysis, using the Ward Method of Squared Euclidean Distances, the inspection of the dendrogram suggested that the most sensible solution in terms of interpretations was a 5-factor solution. Table 1 describes all the variables entered into the cluster analysis, as well as the results of a X^2 analysis of the five clusters according to the offence and victim information to indicate where they differed significantly. In addition, a summary of the five clusters describes the most prominent features (Figure 1).

Table 1 presents the results of the analysis and names each cluster. The results indicate that the first distinguishing feature of the clusters relates to age of victim. Perpetrators in three of the five clusters found offended against children: They were labelled as (1) child rapist, (2) child fondler, and (4) male/ multiple child rapist. The remaining two clusters are characterised by sexual assaults against peers or adults: (3) adult/ peer fondler, and (5) adult/ peer rapist. The second distinguishing feature relates to the nature of the assault. In particular, the degree of penetration involved lead to the distinction between rapists and fondlers.

Table 1: Offence and victim characteristics entered into the clusters analysis

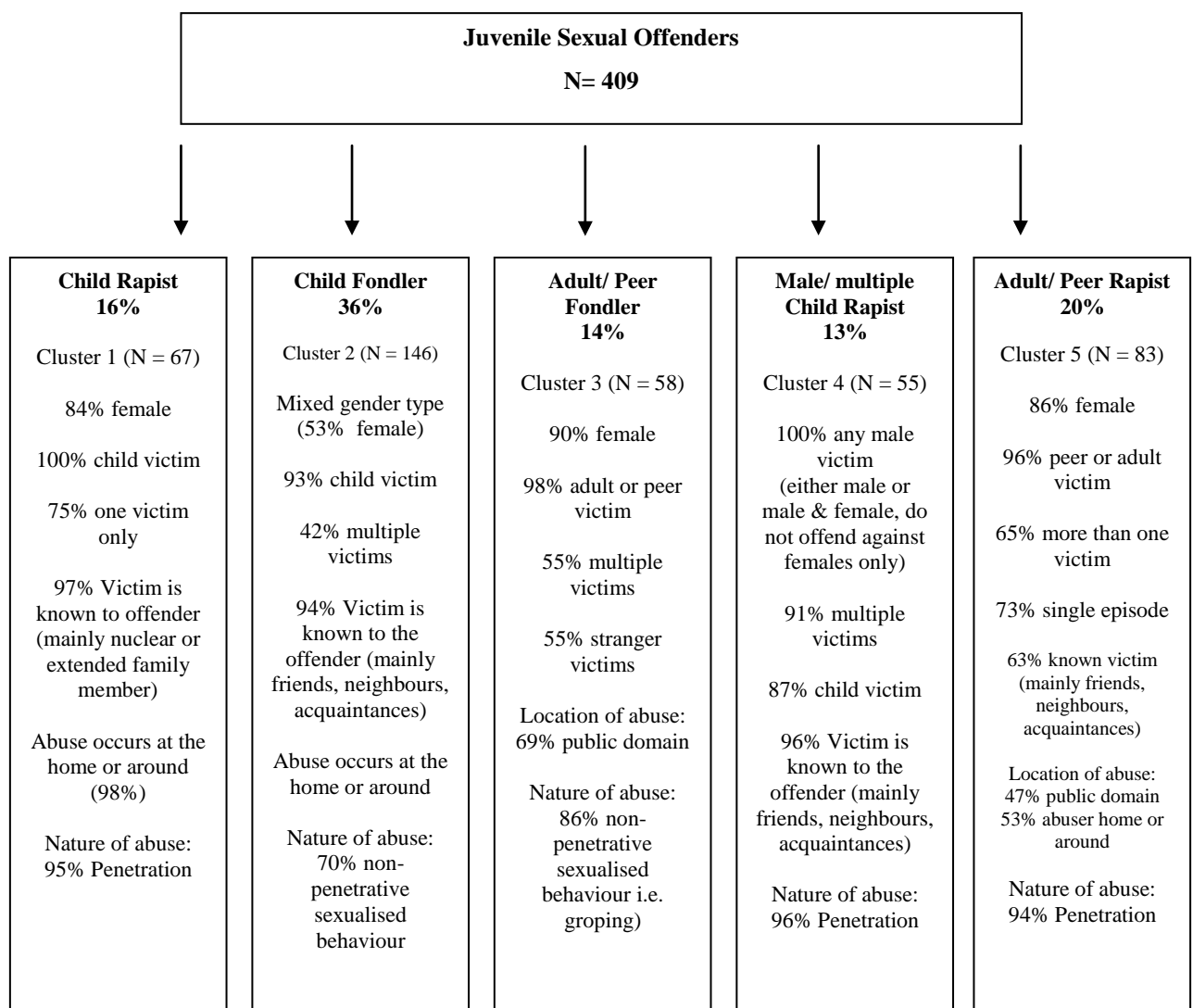
Variables	n	Child Rapist (Cluster 1)	Child Fondler (Cluster 2)	Adult/ Peer Fondler (Cluster 3)	Male/ Multiple Child Rapist (Cluster 4)	Adult/ Peer Rapist (Cluster 5)	X ²
Victim Sex							
female	256	84%	53%	90%	-	86%	p < .001
male	91	16%	35%	7%	35%	7%	
both male & female	62	-	12%	3%	65%	7%	
Victim Age							
Child	255	100%	93%	2%	87%	3%	p < .001
Adolescent	95	-	5%	57%	13%	58%	
Adult	39	-	1%	22%	-	29%	
X-over	20	-	1%	19%	-	10%	
Victim Number							
Single	227	75%	58%	45%	9%	73%	p < .001
2 or more	182	25%	42%	55%	91%	27%	
Duration of Abuse							
One off	210	24%	46%	83%	18%	84%	p < .001
Less than 6 months	99	31%	31%	10%	36%	8%	
More than 6 Months	100	45%	23%	7%	46%	8%	
Relationship							
Within family	133	66%	40%	3%	34%	11%	p < .001
Friends, neighbours, etc.	206	31%	54%	42%	62%	58%	
Strangers	70	3%	6%	55%	4%	31%	
Nature of Abuse							
Penetration	246	96%	30%	14%	96%	94%	p < .001
Sexualised Behaviour	154	4%	67%	79%	4%	6%	
Non-contact Offence	9	-	3%	7%	-	-	
Location of Abuse							
Abuser home and around	220 78	76% 22%	62% 24%	19% 12%	73% 9%	34% 19%	p < .001
Victim home and around Public	111	2%	14%	69%	18%	47%	
Severity of Abuse							
Severity 1	25	-	7%	26%	-	-	p < .001
Severity 2	134	-	67%	62%	-	-	
Severity 3	50	-	25%	12%	4%	5%	
Severity 4	93	58%	-	-	13%	57%	
Severity 5	83	33%	-	-	76%	23%	
Severity 6	23	9%	-	-	7%	16%	

* Pearson's X²

** Aylwin et al. (2000) Offence Severity Codes (Level 1: victim fondled clothed; Level 2: fondling clothes off, digital penetration, masturbation, exhibitionism; Level 3: oral sex, simulated intercourse; Level 4: vaginal intercourse (actual or attempted); Level 5: anal intercourse (actual or attempted) or gang rape; Level 6: offence of particular brutality).

The final distinguishing feature relates to the victim sex. In one of the five clusters, the male/ multiple child rapist (4), the offender did not offend against females only. There are offences against females in this cluster. However, they are only perpetrated in conjunction with assaults on multiple victims, where there may be females as well as males.

Figure 1: Summary of types of juvenile sexual offenders



To provide external validity for the cluster solution, the clusters were also examined in terms of various personal history variables as listed and illustrated in Table 2. As a caveat,

however, the second column, N, the number of recorded cases, comprised only a small proportion of the overall sample of adolescent sexual abusers. Thus, the results refer only to those where such a characteristic is present or has been recorded. The remainder was missing data.

Table 2: Background Variables of the Offender by Cluster

Variable	n	Child Rapist (Cluster 1)	Child Fondler (Cluster 2)	Adult/ Peer Fondler (Cluster 3)	Male/ Multiple Child Rapist (Cluster 4)	Adult/ Peer Rapist (Cluster 5)	X ²
Prior Offence Record							
Non-sexual Offence	102	21%	15%	35%	16%	45%	p < .001
Sexual Offence	14	2%	3%	5%	2%	5%	
both	9	2%	1%	2%	2%	5%	
Family							
Family Involvement with Social Services	229	61%	60%	53%	72%	47%	n.s.
Other Abuser in Family	134	38%	38%	18%	54%	21%	p < .001
School-related Problems							
Learning Difficulties	89	22%	35%	15%	18%	10%	n.s.
Being Bullied	168	38%	45%	39%	57%	33%	n.s.
Truancy	135	35%	27%	32%	33%	48%	n.s.
Suspension/ Exclusion	155	35%	32%	46%	35%	55%	p < .05
General Behaviour Problems							
Multiple behaviour problems	173	38%	36%	39%	54%	60%	p < .001
Delinquency	103	24%	24%	20%	22%	39%	n.s.
Substance Abuse	83	14%	15%	20%	15%	44%	p < .001
Victimization							
Multiple Victimization	160	40%	44%	21%	53%	34%	p < .001
Sexual Abuse	112	21%	34%	16%	51%	15%	p < .001
Physical Abuse	149	40%	35%	24%	51%	35%	n.s.
Emotional Abuse	186	39%	53%	22%	56%	46%	p < .001
At Follow – up							
Re-abused sexually	9	33%	44%	11%	11%	-	p < .001
Re-offended non-sexually	6	49%	17%	-	17%	17%	
Still incarcerated	44	5%	5%	20%	2%	58%	

The first variable examined was prior criminal convictions. 25% (125/409) of the overall sample had previous criminal convictions, non-sexual (25%; 102/409) and sexual (3%; 14/409). Table II illustrates that mainly those offenders, who assault peers or adults, irrespective of whether they fondle (3) or rape (5), have a significant record of previous non-sexual offences with 35% and 45% respectively.

The clusters did not differ in terms of their family's involvement with social services. Overall, 56% more than half of the sample had had some contact with social services (229/409). Interestingly, nearly 1/3 of the overall sample indicated "having another abuser in the family" (33%, 134/409). Cluster (4) male or multiple child rapist reported this variable by 54% (72/134).

None of the clusters displayed learning difficulties and other school related problems. Learning difficulties were found in 22% of the overall sample (89/409). 41% claimed to have been bullied in school (168/409), and 33% acknowledged truancy (135/408). There was, however, a significant difference regarding the variable suspension/ exclusion. Overall, 38% of the sample had been suspended from school (155/409), the largest proportion of these consisted of juveniles in the clusters (3) adult or peer fondler (46%; 71/155) and cluster (5) adult or peer rapist (55%; 85/155), offenders who predominately target peers or adults.

42% of the overall sample of adolescent sexual abusers display documented multiple behavioural problems (173/409). In cluster (4) male/ multiple child rapist and cluster (5) adult/ peer rapist were found to exhibit the most multiple behaviour problems that may be classified as conduct disorder, with 54% (93/173) and 60% (103/173) respectively.

Compared with the other clusters, cluster (5), adult/ peer rapist, also contained the highest proportion of juvenile delinquents (39%; n.s.) and substance abusers (44%; 37/83).

A high proportion of reported own victimization, 27% sexual (112/409), 36% physical (149/409) or 45% emotional abuse (186/409) was reported in the sample of adolescent sexual abusers examined in this study. In particular, adolescent sexual abusers of children appear to have documented histories of multiple abusive experiences in the childhood. 53% (85/165) of the male/ multiple child rapist (cluster 4) offenders reported the highest proportion of multiple victimization. In addition, the young people in cluster 4 compared with the other four clusters reported the highest incidence of sexual victimization (51%), physical abuse (51%) and emotional abuse (56%).

Finally, follow-up data was available for 59/409 (14%) of the young men of the overall sample. Of those 59 young men, 75% (44) were still incarcerated at the time of follow up. The largest proportion of incarcerated offenders were according to the data cluster 5 adult/ peer rapists comprising 68% (30/44) of the subsample. The overall rate of sexual reabuse in this subsample was 15% (9/59), non-sexual 10% (6/589). Child rapist (cluster 1; 3/9) and child fondler (cluster 2; 4/9) were most likely to have re-offended sexually. The child rapist cluster was also the one that appears to have the most non-sexual reoffence rates (3/6).

Discussion

The aim of this current study was to develop and test an empirically derived typology of British juvenile sexual abusers based on historical offence information and victim

characteristics. The emerging five-cluster typology sub-divided a mixed and heterogeneous sample of juvenile sexual aggressors into meaningful groups.

The five clusters described differed significantly on the static variables on which the typology was based and also on a number of background variables of the personal history of the adolescents. Initially, the five clusters were labelled and it appears that there were three distinguishing features that separated the five clusters: age of the victim, nature of the offence, and sex of the victim. The analysis of the data identified three clusters who offended against children (Clusters 1, 2, and 4), and two who offended against adults or peers (Clusters 3 and 5). Thus, division on the basis of victim age was found as a principal characteristic. Contrary to what was discussed in the introduction, victim age appears to be a good identifier (Worling, 2001; Butz & Spaccarelli, 1999). On a secondary level, the sub-division was based on the nature of the abuse, that is, whether there was penetration, which occurred in three of the five clusters almost exclusively (child rapist, male/ multiple child rapist, adult/ peer rapist). Opposed to this is non-penetrative sexualised behaviour, i.e. groping, masturbation or indecent exposure, in two of the five clusters (child fondler and adult/ peer fondler). The label of 'fondler' was adopted from Prentky et al. (2000) as it best describes the groping behaviour of this group. On a third level of division, there was one cluster where the victim sex was almost exclusively male (male/ multiple child rapist), while in the other four victim sex was predominately female.

Based solely on the offence and victim characteristics, this result is somewhat different from the five-cluster solution proposed by Långström et al. (2000). The sample used by Långström et al. (2000) sub-divided into only two groups of adolescent child abusers, one against unknown male victims of low or moderate violence and one against known child

victims, female predominately and almost exclusively penetrative in nature. The three adult/peer sexual aggressors divisions were characterised by the non-contact, exhibitionistic behaviours, that took place either indoors or outdoors, and contact sexual assaults against females. The current result sub-division according to known or unknown victim or location of the abuse was not strongly considered as victims were in the main known to the abusers, in over 90% across the child abuser sample. In the adult/peer sexual aggressor sample only the adult/peer fondler had a significant percentage of stranger assaults. The results considering location of the abuse came up with similar findings. Where child abuse is concerned most assaults are perpetrated at home, whereas, the adult or peer sexual abusers show a greater liking of the public or outdoor domain, though not exclusively, to perpetrate assaults. Though this is very different a result to that of Långström et al. (2000), it has to be emphasised that the sample size differs significantly between the two studies and though the nature of input data was similar, data collection differed considerably.

The greatest advantage of the current study was that the cluster groups could be examined and validated by background information beyond offence related data. Examining the findings regarding the background variables and the five-clusters, it became apparent that adolescent sexual abusers of adults or peers had more generalised criminal behaviour problems than the child abusing adolescents. Almost half of the adult/peer rapists had a prior conviction for a non-sexual offence. Young men in this cluster also were more likely than the other clusters to have substance abuse problems, were delinquent and had been excluded or suspended from school. The juveniles in this cluster corresponded well with a more delinquent and antisocial sub-set of sex offenders described in the previous research literature (Knight & Prentky, 1993; Hunter et al., 2003). Of the clusters that identified various types of child abusing adolescents, all three clusters had documented histories of

childhood maltreatment, and in particular, cluster 4, the male/ multiple child rapist was characterised by traumatic experiences and multiple victimization in their personal histories as well as multiple behaviour problems. Again, previous research identified childhood maltreatment as a potential precursor to sexually aggressive behaviour (Hunter et al. 2003). Regarding recidivism in this five-cluster typology no new insights can be reported. This may be due to the short time span between assessment and follow-up (on average less than five years) and the lack of reliable data collection. A small proportion (14%) of the overall sample was available for follow-up, and therefore, to draw any conclusions would be presumptuous.

One of the main problems in this study was based on the fact that the sample, and thus the data, was biased in a number of ways. Firstly, it included only detected juvenile sexual abusers. Secondly, the abusers within this study of detected abusers were a very defined group, namely, those referred to the A.S.A.P. for assessment. The analysis includes only males, who presented with sufficient reading and comprehension abilities to complete the assessment protocol, and whose case manager was familiar with the A.S.A.P. protocol. Thirdly, the data on the young men was provided by referrers who did not always have access to corroborating information and frequently lacked much of the background information requested in the assessment pack. This explains much of the numerical differences in the number of cases on the background variables. No Inter-rater reliability tests could be applied to second-hand data, somewhat compromising the data validity.

Data analysis, while offering between group differences considering the offenders background variables, failed to look at the differences beyond overall group differences of

the clusters. This was very unfortunate as significant results have provided an interesting starting point for future investigations as well as corroborating studies.

Another problem of this study is based on the fact that the analysis only included historical information, that is, static factors in the personal and offence history of the juvenile sex offenders. Research has now demonstrated that, at least where adults are concerned, dynamic variables, such as social functioning, empathy for victims and cognitive distortions also play a major role and should be included (Hanson, 2002).

Conclusions on the basis of the follow up data, in particular, regarding different clusters have to be considered with great caution. It is important to realise that the information on the small number of recidivists was based on reports from referrers, not actual reconviction rates. It is unknown, what, if any treatment the nine sexual recidivists had received and for how long. Time at risk was also not specified.

Conclusion

The results of this study are encouraging and validate the division of juvenile sex offenders into offenders against children and peers/ adults. However, while not reducing the heterogeneity of the sample of juvenile sexual offenders per se, important sub-groups have been identified with differential backgrounds. As such the findings may be used to further examine pathways to sex offending. These subgroups, when studied further may benefit from differential treatment provision and potentially differential risk assessment. As it stands, the study has limited utility. Regarding future developments, the cluster analysis should be further analysed to find where differences lie. A repeat study on a different sample

could show that these findings are reliable. The process is straightforward as offence and victim characteristics included in this study are readily available. By adding dynamic risk factors to this typology, yet more differentiated clusters may emerge and as such this basic typology may be the foundation for a larger taxonomic approach of classification of juvenile sexual offenders. Examining different offence-related cognitions and attitudes as well as social functioning in the five clusters is the next step in the development of a more differentiated typology.

In the subsequent chapter the results of this study of different and distinct offender types is appraised in the light of the findings of the literature review regarding risk factors as well as current understanding of the issue of sexual recidivism in adolescent sexual offenders.

Chapter 5

Can the designation of types of adolescent sexual abusers assist in the assessment of risk of sexual recidivism? Reviewing the studies in the light of current knowledge

Setting out with this study in 2002, the odd twenty to thirty years of research has formed the knowledge base about adolescent sex offenders. The fear of and the acknowledgement of the risk these offenders pose to their victims and society at large, particularly, if allowed to grow into adult sex offenders, led also to a growth in professional treatment providers.

Adolescent sexual offenders continue to be observed, assessed and studied in epidemiological studies, descriptive studies, case studies, etiological studies, treatment evaluation studies, meta-analytic reviews, and comparative studies with adult and ‘normal’ or delinquent adolescent populations. Various aspects of their personality, their general and offence behaviour, their psychopathology and social functioning, their social and family background as well as responsiveness to treatment are studied and evaluated. In addition, general psychological theories are applied to the conundrum these young people and their behaviour represent.

It was widely observed that adolescent sex abusers are as a heterogeneous group as any in the general population (Awad & Saunders, 1991, Beckett, 1999, Van Wijk et al., 2007). It was also stated widely that adolescent sexual abusers are as versatile a group as any offender group (Butler & Seto, 2002; Butz & Spaccarelli, 1999; Hanson & Morton-Bourgon, 2005; Milloy, 1998). In spite of the risk they pose, they are as vulnerable a group in terms of

ethical issues as any group within the general population (Cowburn, 2010; Smith et al, 2005).

The following discussion will attempt to link the findings of the literature review and the typological study with the current knowledge base to attempt to illustrate that neither heterogeneity, versatility nor vulnerability need hinder effective risk assessment (and treatment), nor do they challenge research pursuits.

In 2006, a review paper of articles examining comparative studies of adolescent sex offenders and non-sex offenders on a variety of variables stated that while intense research on adolescent sex offenders had been going on for decades, there continued to be a 'lack of insight in specific characteristics of these offenders' (van Wijk et al., 2006, p.228).

When examining research databases and entering terms such as adolescent or juvenile sex offender characteristics the outcome is enormous. Books and journal articles are written year by year about adolescent sexual abusers or offenders. The void of information of the early years has been filled. There is a good base of knowledge about adolescent sex offender characteristics, comparisons with other offender groups, adults and non-offenders, and development of this aberrant behaviour, despite the frequent critique that much of what is presented is methodologically flawed. Nonetheless, the research and professional community is still waiting for a state-of-the-art valid and reliable risk assessment tool to predict sexual recidivism. The result of all these endeavours appears to be that adolescent sexual offenders continue to mystify professional and academic disciplines, as results, while highly informative, remain conclusive only in one sense: much more research needs to be done.

In the typological study, as well as in the literature review, aspects of the adolescent sexual abusers have been examined according to proposed stable and dynamic variables as well as offender subgroups or categories that were distinguished on the grounds of personal history, background and offence historical information. In risk assessment these variables take a prominent role. No one assumes a single cause, factor, or trait to be invariably linked to or predict sexual offending and sexual re-offending. Causality may indeed hinder risk assessment, as in a complex behaviour such as sexual aggression, a multiplicity of factors are involved as well as chance factors such as simple opportunity or situational factors such as alcohol intoxication. From the adult literature concerning recidivism three global characteristics have been identified that may assist in determining risk: (1) offence characteristics, (2) offender characteristics, and (3) external factors. Examples from research on adult sex offender recidivism will be used to illustrate these factors.

Offender characteristics fall into two broad categories, namely, static and dynamic variables. Static variables, by their very nature, are unchangeable and relate to historic events including the individual's developmental history, offence history and psychopathology. A meta-analytic study by Hanson & Bussière (1998) has consistently linked static variables to risk of re-offending in adults and a number of reliable risk assessment measures now enable fairly accurate predictions in adult sex offenders. Offence characteristics relate to the current and previous offences. It has been demonstrated that those adults who abuse children outside the family, particularly boys, are at greater risk of sexual recidivism. Similarly, previous sex offences or previous criminality also increase the risk of further sexual offending. However, concerning static risk assessment, once identified, as high-risk offender, due to their static nature, there is little that can change or can be measured to change as a result of treatment.

Only recently have dynamic variables also been found to show a link to recidivism and have consequently been included in risk assessment. Dynamic variables may be either stable or acute, but in any case are potentially open to intervention. The stable dynamic variables refer to factors such as deviant sexual arousal, cognitive distortions, degree of victim empathy, level of emotional congruence with children, emotional loneliness, self-esteem, and degree of social competence as well as attitudes towards women and levels of denial (Hanson & Bussière, 1998). Acute dynamic variables include anger or sexual arousal. Environmental variables as well as the interaction between individuals and environment, are likely to play a role in increasing risk or act as protective factors. As discussed above, although these risk factors have proved reliable in terms of adult sexual recidivism, very little is known about the relevance of such factors when considering adolescent sexual recidivism. Given the problems of detecting sexual abuse, only very few adolescents have previous recorded sexual offences. The same applies for dynamic variables. At the present stage of knowledge, it remains unclear if emotional loneliness and cognitive distortions, self-esteem and deficits in victim empathy impact in the same way on risk of re-offending in adolescents as they do in adult sex offenders.

Ryan (1997) discussed the 'modal' abuser as a 14-year-old youth, white, living in the parental home at the time of the offence. While a previous conviction for a sexual offence is unusual, Ryan (1997) argued the current sexual offence rarely represents the first sexual offence committed. As such the age of onset may well be considerably younger. A study by Zolonek et al (2001) found that the average age at which a sexual abuser commences offending ranged from 9.7 to 12.4 years. Samples sizes of sexual abusers studied are often small. These small samples rarely distinguish abusers according to their offence behaviour or victim choice. Most adolescent abusers studied are male and are often at the more serious

end; hence, they have been detected. These youths are mandated to be assessed, they may tend to minimise, deny or in another way present themselves to the assessor with some vested interests (Becker, 1990). Thus, when studying sexual recidivism in adolescents and making predictions about risk of sexual re-offending, conclusions thus apply only to ‘detected’ sexual recidivists.

In this respect, much has been written about the potential origins or the development of sexual coercive behaviour in adolescents (Barbaree, Marshall & McCormick, 1998; Daversa & Knight, 2007; Hunter et al., 2004; Hunter et al., 2010). Barbaree, Marshall, and McCormick (1998) explored theoretically the development of deviant sexual behaviour in adolescents. They found that growing up in an abusive family environment, which is prone to child maltreatment, can be one of the factors involved in the occurrence of adolescent sex offending. They described the so-called syndrome of social disability, which is characterised by a lack of adult attachments, low self-esteem, inability to form intimate relationships, empathy deficits, and varying degrees of antisocial behaviour on behalf of the parents as well as the young person. It may also involve deviant sexual interests, which in turn may be triggered by offenders’ own abuse experiences.

In the first of a series of studies, Hunter, Figueredo, Malamuth and Becker (2004) examined adverse childhood experiences such as exposure to violence against women and antisocial behaviour of males as risk factors for both sexual and non-sexual aggression and delinquency using a sample of adolescent sex offenders. The aim of this study was to evaluate the impact of these variables and to develop a model of sexually coercive behaviour. Subsequently, Hunter, Figueredo and Malamuth (2010) further refined their model and identified paths leading to social deviance and sexual deviance. At the core of the

model remained the notion that adverse early experiences (exposure to violence, exposure to pornography, physical abuse and sexualization by males) may trigger a problematic development in adolescents. One route an adolescent may take on the basis of negative experiences is the social deviance pathway. Here, the above-mentioned factors may evoke psychopathic and antagonistic attitudes in the youngsters as well as psychosocial deficits and thus contribute to the development of non-sexual delinquency. On the route to sexual deviance, the youngsters specialise in sexual offending against males either directly or indirectly due to psychosocial deficits, hostile masculinity and paedophilic interests.

Concerning aetiological studies, Daversa and Knight (2007) also examined predictors of sexual offending specifically against children. Their model contained four paths that may explain child molestation by an adolescent. Child sex abuse in this model was precipitated by emotional and physical abuse as well as sexual abuse experiences of the offender. Indirectly through caregiver instability, psychopathy and sexual inadequacy, or sexual fantasies generally and sexual fantasies of children, these experiences lead to the selection of a child victim.

Findings from aetiological studies and comparison studies guide variable selection. Way and Urbaniak (2010) compared adolescent sexual abusers with and without prior criminal/delinquent behaviour and found that those with prior offences were older, had more experiences of childhood maltreatment, problems of substance abuse, as well as more caregiver problems.

Zakireh et al. (2008) was interested whether there were differences between juvenile sex offender and non-sexual offenders on the basis of whether they stayed in residential or

outpatient treatment. The researchers observed significant differences in the degree of sexual deviance including deviant fantasies, more violent sexual behaviors and an increased history of childhood victimization in adolescent sexual abusers treated in residential settings compared to other delinquents treated in the same setting. Juvenile sex offenders treated in outpatient clinics did not differ from non-sexual delinquents.

Hence, childhood maltreatment, victimisation and abuse, a history of family problems, ‘inconsistent care’ and experiences of loss, in short, traumatic experiences are frequently, though not necessarily, found in the background of juvenile sexual abusers and may thus play their role in its development (Barbaree et al., 1998; Boney-McCoy & Finkelhor, 1995; Briere, 1996; Hunter et al., 2003; Prentky et al. 1989; Ryan et al., 1996; Saunders & Awad, 1988; Worling, 1995). Victimisation irrespective of whether it refers to physical, emotional or sexual abuse or indeed witnessing victimisation of and violence against others, may according to Boney-McCoy and Finkelhor (1995) impact on the normal course of development of a child and be associated with lifelong symptoms. It is important to remember that sexual victimisation is not an explanation of sexually abusive behaviour and even less so for sexual recidivism, but rather it is one of many critical factors (Prentky, 1997). Kendall-Tackett et al. (1993) observed that sexualised behaviour is one of the most common symptoms of childhood sexual victimisation. Cooper et al. (1996) found that sexual abuse may be associated with the development of deviant arousal and other psychological difficulties. Childhood victimization remains, however, a contested issue, as many adolescents who sexually abuse others, seem not to have a personal victimisation history.

The typological study presented here found that both adverse conditions in the family environment and abusive experiences were found almost half of the participants background. This illustrates that a large proportion of adolescent sexual abusers of children and aggressors against peers or adults do not present with this background. This could indicate that the influence of these variables on the development of sexually abusive behaviour is flexible. It may also indicate that simply the data of the other half of the abusers studied was incomplete, that is, they failed to describe such conditions in their upbringing.

Knowledge about what triggers offending behaviour may inform about risk factors, according to which different groups of offenders can be compared and contrasted, about levels of deviancy and about treatment needs. Many of the factors identified in the literature review are static risk variables. It seems that in the years up to 2003, research concentrated on this readily available information on adolescent sexual abusers. Indeed, the literature review of studies between 1990 and 2003 considering sexual recidivism identified that two of the twelve recidivism studies also included childhood victimization as risk variable and only four some form of dynamic variable (Kahn & Chambers, 1991; Schram et al., 1992; Worling, 2001; Worling and Curwen, 2001). Worling (2001), and Rubinstein et al. (1993), reported the predictive power of childhood victimization in terms of sexual recidivism. However, since the publication of this article many more studies included dynamic variables into research, such as psychosocial deficits. This has clear treatment implications as the dynamic factors are more likely to be amenable to interventions and thus, have the potential to reduce risk.

In the evaluation studies by Viljoen et al. (2009) while failing to reach significance, Worling's ERASOR risk assessment (Worling & Curwen, 2001), which includes the

victimisation as well as dynamic variables, was the only measure that almost predicted sexual recidivism. On the other hand, risk assessment tools like the J-SOAP-II (Prentky & Knight, 2003) also included adverse family conditions as a possible important predictor of sexually abusive behaviour. However, the J-SOAP-II, merely identified risk of general reoffending.

Becker and Kaplan (1998) described three possible outcomes of the sexually abusive behaviour in adolescents: dead end (i.e., no further offending), delinquency, a more generalized antisocial and criminal career path, which may include further sexual deviancy, and the sexual offending path including deviant sexual arousal. Earlier, Ryan (1997) distinguished also between three types of sexual abusers: those who stop offending, as they grow older, those who discontinue due to treatment, and those who in spite of intervention continue their offending. At present, however, there is a lack of measures that distinguish between these types (Ryan, 1997). Worst still, Ryan (1997) found that 65% of adolescent sexual abusers ‘manifest their paraphilia without ...characteristics that set them apart from their peer groups’ (p.7). These statements continue to be correct.

A great many studies assessed subgroups of adolescent sex offenders and compared them with either non-sexual delinquents or non-abusing youths. Attempting to satisfy societal pressure to find explanations, and the requirements of clinical and legal professionals, these studies aimed to identify characteristics of adolescent abusers that distinguished them and their aberrant behaviour from other offender groups and particularly from non-offending youths. What most studies found was the observation of the great heterogeneity within the adolescent sexual abusers samples and the lack of distinguishing markers or risk factors.

Worling and Curwen (2000) examined a sample of adolescent sexual abusers to evaluate the success of a specialized treatment program and their subsequent risk. The study found that sexual recidivism was predicted by the 'Child Molests Total Score' of the Multiphasic Sex Inventory (MSI, Nichols & Molinder, 1984) and little non-sexual delinquent behaviour. The 'Child Molests Total Score' includes quite specific items like sexual fantasies of children, grooming behaviour and assault behaviour. In the study violent non-sexual and non-violent reoffending was predicted by a great many more factors including: childhood victimization, previous criminal charges, low socio-economic status, psychosocial deficits.

Smith et al. (2005) also used dynamic factors as well as static personal history/background information on adolescent sex offenders to distinguish low, medium and high-risk groups within the overall group. High-risk offenders were characterised as being problematic, inadequate individuals, who engaged in sex fantasy, received little family support, were older than their victim, and more comfortable with children.

Kemper and Kistner (2007) compared subgroups of offenders based on whether they offended against peer, children or both children and peers on recidivism data, previous criminal history (sexual and nonsexual) and treatment outcome. The mixed offender group turned out to be the most deviant, most aggressive, and least likely to complete treatment.

t' Hart-Kerkhoffs et al. (2009) studied different risk levels in adolescent sexual offenders who reoffended. Their contention was that there are psychosexual as well as offence characteristics that distinguish high-risk offenders. In essence, these high-risk offenders are generally those offenders targeting children.

Van Wijk et al. (2006) conducted an extensive literature review on the existent studies comparing adolescents who sexually abuse to non-sexually offending youths. They concluded that while differences exist on personality characteristics, behaviour problems, childhood victimization, nonsexual offending and peer relations, the differences vanish because of the great heterogeneity in the sample. They support Beckett's (1999) contention that adolescent sexual abusers need to be studied within their own peer groups (i.e., child molesters only versus delinquents).

Ronis and Borduin (2007) attempted such a comparison and selected demographically matched groups of juvenile sex offenders with peer/adult victims and with child victims and compared them with violent nonsexual, non-violent and non-delinquent groups. Using a variety of measures, the researchers found that juvenile sex offenders and non-sex offenders differed clearly from the non-delinquent group, but not from each other. Compared with non-delinquent youths, the delinquent groups (sexual, violent nonsexual and non-violent) show greater behaviour problems, difficulties within the family, poorer academic performance.

Caldwell (2007) reported that adolescent sexual abusers are ten times more likely to reoffend non-sexually than sexually. In a specific study of an Asian sample of adolescent sexual abusers, Chu and Thomas (2010) found that sex only ('specialists') differed significantly from, criminally versatile offenders ('generalists') considering offence characteristics and recidivism. Sexual re-offending was reported to occur at approximately the same rate 14% versus 9% respective for each group. However, generalists offended significantly more violently, non-violently, and engaged in more criminal behaviours during the follow-up.

These studies show that there has been an improvement in the overall design of studies to include dynamic variables in the assessment. Conducting a literature review nowadays would possibly even the score between static and dynamic risk variables repeatedly found to impact on sexual recidivism.

Comparison studies distinguish what groups of offenders will be compared and contrasted according to specific criteria, which are of interest to a researcher. A method to objectively identify group membership is the development of typologies. Previous research used the typological approach to identify groups of offenders, though it was frequently more theory driven than empirical in nature. In this study a typology was developed using a sample of adolescent sexual offender referred for assessment to the A.S.A.P. in Oxford. A typology of five clusters distinguished adolescent sex offender sample according to their offence characteristics and histories. Offence characteristics included not only the age of the victim, but also victim sex, number, relationship between victim and abuser, nature and location of the abuse. Five groups were identified: (1.) child rapists, (2.) child fondler, (3.) adult/peer fondler, (4.) a mixed category of multiple and male child rapist, and (5.) adult/ peer rapist.

Variables of the offender's background and personal history were applied to differentiate the types further and strengthen the external validity of the clusters. No claim was made that any of the specific groups identified through cluster analysis is more at risk of recidivism. The data did indicate, nevertheless, the groups diverge in terms of deviancy as well as childhood maltreatment, behavioural problems and adverse upbringing conditions (as included in the variables social services involvement and having another adult abuser present within the family). Regarding childhood victimization, the offenders against children (cluster 1 and 2) and the mixed offender group (cluster 4) appear to have the most adverse experiences.

Adolescent who targeted peer or adult victims were most likely to have previous delinquent offence records. These findings are in line with the theoretical driven etiological findings as well as other more empirical work as other typologies and comparative studies show.

In 2000, Långström devised an empirically based typology of a Swedish sample of adolescent sexual abusers similar to the one presented in this thesis. Based on archival file information (offence history and victim information) he identified five clusters and linked them to recidivism data. Membership in clusters that consisted of exhibitionists, highly compulsive behaviour, predicted sexual recidivism, as did offending against an unknown male victim.

Worling (2001) also developed a four-group typology based on the model of Smith et al (1987) using personality and psychosocial functioning information. Worling argued against the traditional victim based subdivision as neither a 'typical adolescent rapist or child molester has been identified' yet. (p.150) The assumptions about these factors follow adult models, yet, more than when based on static variables this model informs about treatment needs. Notably the antisocial/ impulsive type and the unusual/isolated type also related to an increase in risk of violent (sexual and non-sexual) recidivism. The two types reflect the general finding of the former more antisocial type of offender found among adolescent rapists, and the latter, the more awkward child molester type.

Hunter, Figueredo, Malamuth and Becker (2003) devised a typology based on victim age, adolescent child molester and adolescent rapists of peer or adults. The most interesting findings, however, arose from the host of dynamic variables included. Regarding adolescents, who sexually abuse children, Hunter et al. (2003) found support for the idea

that these youngsters show greater deficits in psychosocial functioning (i.e. lack confidence, socially inadequate, less aggressive, prefer the company of children rather than peers, lonely). Peer aggressor showed higher levels of aggression but not hostile masculine or egotistical antagonistic masculinity.

Finally, Gunby and Woodhams (2010) devised a typology based on offender and offence characteristics. The results indicated that adolescent who sexually molest children were more socially isolated, had low self-esteem, had experienced more bullying and had few friendships with peers. Peer aggressors, on the other hand, were found to be more antisocial and had difficult family backgrounds with models of violence and antisocial behaviour.

Overall, the evidence from typological studies confirm existing research and provide important evidence and support for etiological pathways as outlined above. They also support the need to study different offender groups distinctly to protect against the confounding effects of heterogeneity and versatility. These issues also confound the studies concerning treatment and treatment effectiveness, thus, showing clearly clinical implications and directing clinical decision-making. The typologies also confirm the heterogeneity and versatility of adolescent sexual abusers.

Vulnerable group

While there has been no discussion of what constitutes abusive behaviour, there is also a lack of knowledge of what constitutes age appropriate sexual behaviour (Prentky, et al., 1999). One of the purposes of methodological assessment according to Beckett (1999) is to identify young abusers who present an increased risk of developing into adult sex offenders.

This is particularly important where adolescents are concerned, who are categorised as low-risk offenders and who may be unnecessarily criminalized and stigmatised. Although, adolescent sexual abusers are a vulnerable population in terms of ethical guidelines, the adverse effects their behaviour has, generally, appeared to outweigh their individual interest. Still, great care is taken by researchers generally, to respect confidentiality and protect the adolescents from harm. Protection for the abuser, as well as society as a whole, means to help these young people to establish and maintain the motivation to attend treatment, the motivation to change their behaviour through treatment. Treatment informed and guided by research.

Clinical implications

Thus, the study of distinct types of adolescent sexual abusers and the comparison with other types of offenders as well as no-delinquent youths has important clinical implications.

Categorizing adolescent sex offenders based on whether the victim was a child or a peer, Andrade et al (2006), concluded that sexual development in adolescent offenders is not yet solid. Treatment, thus, has the potential to effect recidivism by inducing change in behaviour. Failure to complete treatment has been argued by Långström (2000) to be related to recidivism, but it is unclear how.

Mulder (2010) observed that recidivists differ from non-recidivists according to the antisocial behaviour they present in treatment, psychopathic characteristic and family problems. Letourneau et al (2008) found that prior research indicated that children with sexual behaviour problems do less well in treatment and show an increased risk in reoffending. Although, treatment was found to cause an improvement in the scores on the

Child Behaviour Checklist (Achenbach, 1991) in both groups, children with sexual behaviour problems continued to show greater psychopathy. This study also indicated that if caregivers were involved in the treatment process, children with sexual behaviour problems could be treated more successfully. Smith et al (2005) also support the role of families as sources for information in the assessment of risk as well as an important guide and support in therapy. Thus, treatment means not just treatment of the individual but also the system, the family, in which the individual lives.

Miner et al. (2010) concentrating on child sex abuse committed by adolescents examined attachment theory and sexual offending, specifically which developmental or dispositional factors increase the risk of sexually abusing a child. Attachment anxiety and interpersonal beliefs of inadequacy distinguished sex offenders with child victims from those with peers/adult victims. Attachment anxiety presented in adolescents as isolation from peers and difficulty relating to girls. Support was found that feelings of alienation to opposite sex peers, and masculine inadequacy may contribute to child molestation. Motives, the study argued; are not just that the abusers seeks closeness to children to gain intimacy, but also that they fear rejection by peers. Peer aggressors were not significantly different from other delinquents, but also showed higher anxiety with women, less involvement with peers, higher levels of sexual compulsivity and impulsivity.

Adolescent romantic love, as advocated by McCarthy and Casey (2008) protects against involvement into crime, possibly in the involvement of sexual offending. However, sexual activity outside a romantic relationship seems to be related with an increase criminal activity. Again social skills training may prepare young abusers to attempt approaches to find intimate relationships.

Interventions according to different groups as illustrated in the studies presented are necessary because only specific treatment can target individual needs, misconceptions and psychosocial problems and disorders. This does not call for completely individualised treatment programs, but rather that some aspects have to be dealt with differently according to the offender group. Other aspects of treatment such as social skills training (Worling, 2001) can benefit all offender types as it does indeed with other psychiatric populations. Gunby and Woodhams (2010) also argued that interventions need to be adjusted to the offender type as well as appealing for the need of more parental involvement so counteract that juvenile sexual offending becomes more entrenched and stable.

Future directions

The original study the different types and resulting characteristics of adolescent sexual offenders indicates that a way forward would be to test the validity of the types in terms of differences in their personality, social functioning and, of course, sexual as well as general recidivism. To include in addition to the static factors, dynamic variables, may change the look of this interesting typology. The typology certainly proved that it is worthwhile to compare adolescent sexual offenders with their own peer groups specifically. Literally, it would be interesting to compare child rapists of females with a normal and delinquent populations, or compare child rapists of males with child rapists of females on just any variable of interest whether psychopathology or constructs such as self-esteem, cognitive distortions or empathy. It is equally interesting a venture to further distinguish possible types as hidden within the peer/adult sexual aggression group such as those offenders who offend not only against peers or adults but also against elderly adults. Distinct characteristics for these three groups may exist, that further distinguish sex offenders from other offenders

or non-offenders. Finally, most of the characteristics that compared and contracted the different clusters were only present in only half the population studied. It would be interesting to examine the other group, which apparently lack characteristics that indicate deviance and risk. This may be a real phenomenon, deviance without probable cause, or just an artefact of flawed data analysis.

Chapter 6

Conclusions

In 2010, another study argued that findings on the varying characteristics of adolescent sex offenders offer ‘little guidance in terms of specific abuser characteristics that may be amenable to treatment and intervention’ (Gunby and Woodhams, 2010, p.50). This thesis hopefully has helped to show that this is not quite right. In spite of its age, its theme and results are as relevant and topical as ever. Adolescent sexual offending is a phenomenon triggered by multiple factors and the offender group is heterogeneous, versatile and vulnerable.

To learn about sexual recidivism in adolescent sexual abusers was the aim of the literature review first presented in this thesis and published in 2007. The literature review examined all studies within a set time frame and defined exclusion criteria that had studied sexual recidivism in adolescent sexual abusers. It had been limited to sexual recidivism in particular because of the one of the overall aims in assessing adolescents, who commit sexual assaults, whether they offend against children, peers or adults, is to be able to differentiate those adolescents, who will do it again. In the thirteen years time frame, twelve studies were identified as comparable in terms of their sexual recidivism findings, and a mean base for sexual recidivism of 14% was calculated. It was also demonstrated that as follow up time increased so did the likelihood of sexual recidivism. Furthermore, the studies that were selected within the review also generally examined factors hypothesized to be predictors of sexual recidivism. Psychopathy, prior offences (sexual and non-sexual), and characteristics of the offence such as victim selection (sex; relationship: stranger versus

known) and victim number as well as dynamic variables (victim blame, cognitive distortions, deviant sexual arousal) are as relevant in the studies today as they were in half a decade ago.

The same holds true for the second study undertaken in 2005. The typology attempted to show that the study of very specific types of sexual abusers as defined by the clusters could help to understand important differences between adolescents who sexually abuse children. Levels distinguished whether they focus on male or on female child victims, or alternatively peers or adults, the degree of penetrative behaviour involved, the number of victims, and the location of the abuse (public vs. private). The typology also provided information about the background, childhood maltreatment and victimization within the groups. It failed, however, to acknowledge those adolescent abusers who appeared not to have the risk factors with their personal history.

The topic of adolescents, who sexually abuse others, triggers many reactions from the public to act against, and prevent, the behaviour. Clinical implications have been reviewed. Much has been learnt over the years about adolescent sex offenders; yet, there are still unanswered questions as well as new questions that have arisen from existing the knowledge.

To conclude this thesis, and on reflection of the papers presented, reviews may prove interesting in collecting knowledge from many sources, but original research appears to be more worthwhile, informative and challenging in creating new knowledge. Of course, a lot can be learnt by increasing the time span of studies, that is, by conducting longitudinal research. However, considering that this group is also undergoing a process of development

and as such are vulnerable, creates an ethical challenge for the research community, where the answer can only be to protect the individual rights.

Based on the cognitive behavioural model, therapy deals with the problem as it arises and tries to alter its effects on the individual and its environment, in this case on the offender, rather than changing the past. Life is dynamic, as is sexual offending. What we have learnt about adolescent sex offenders yesterday, may be enough to create good treatment today, and avoid or reduce as much as it ever can the sexual recidivism of tomorrow.

Appendix

Copy of the referral form used to collect the personal history information by the Adolescent Sexual Abuser Project, Oxford.

**REFERRAL FORM FROM
TO FORENSIC PSYCHOLOGY, LITTLEMORE HOSPITAL**

***DETAILS OF YOUNG PERSON BEING REFERRED
FOR PSYCHOMETRIC ASSESSMENT***

First Name	Date of Birth
Age at time of assault/onset of abuse	Gender
Relationship to abused	Ethnic origin
First Language (if not English)	

Denial/Admittance

<p>Does the young person:-</p> <p><input type="checkbox"/> completely deny any sexually abusive behaviour</p> <p><input type="checkbox"/> admit they abused, but significantly minimises extent or duration of abuse</p> <p><input type="checkbox"/> substantially admit to the allegation</p> <p><input type="checkbox"/> admit to abusing one victim, but not another (where multiple victims). Give first names of victims admitted to:</p> <p style="margin-left: 40px;">a)</p> <p style="margin-left: 40px;">b)</p> <p style="margin-left: 40px;">c)</p>

Criminal History

Offence	Date	Disposal (include cautions)

Education

Does your client have any intellectual difficulties?
Is the young person literate?
Is the young person subject to Education Statement/identified as having special learning needs?

Health

Does the young person suffer from ...	
1. Any physical illness/ disability? (e.g. speech problems etc.)	yes <input type="checkbox"/> no <input type="checkbox"/> don't know <input type="checkbox"/>
If yes, specify.	
2. A history of mental health problems?	yes <input type="checkbox"/> no <input type="checkbox"/> don't know <input type="checkbox"/>
If yes, specify.	

Family

Has the young person's family been involved with Social Services, before abuse disclosed? If so please give a brief description.
Are there any other known/suspected abusers in the family? - Please state who.

Behavioural issues

Did / Does the young person present with any significant pattern of behavioural problems (other than abusive behaviours)? Please tick:-

Childhood Behavioural Problems yes ☐ no ☐ don't know ☐

- | | |
|---------------------------------------------------------|---------------------------------------------------------------------------------------|
| <input type="checkbox"/> Being Bullied | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> School Refusal/Non-attendance | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> Fighting | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> Bullying | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> Suspended/excluded from school | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> Delinquency | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> Alcohol/Drug abuse (serious) | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> Sexual Promiscuity | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> Prostitution | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> Fire-setting | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> Self-harm | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> Eating disorder | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> Running away from home | yes <input type="checkbox"/> no <input type="checkbox"/> d/k <input type="checkbox"/> |
| <input type="checkbox"/> Others (please specify) | |
| | |

Was your client ever: -

a) on child protection register	Yes	No	D/k
b) Taken into care: If yes, at what age:			
c) For how long:			

Abuse History

Is the young person		
	yes	no
a) known to have been sexually abused? (i.e. disclosed)	<input type="checkbox"/>	<input type="checkbox"/>
b) suspected of being sexually abused?	<input type="checkbox"/>	<input type="checkbox"/>
c) physically abused?	<input type="checkbox"/>	<input type="checkbox"/>
d) emotionally abused or neglected?	<input type="checkbox"/>	<input type="checkbox"/>
Complete only if sexual abuse known of, or if suspected -		
<ul style="list-style-type: none"> • Age when sexually abused (years)- 0-5 / 6-10 / 11-17 / N/K (circle) • Duration of abuse - under 6 months / over 6 months / N/K (circle) • Age of perpetrator at time of abuse - child / adolescent / adult / N/K (circle) (0-12) (13-17) (18+) • Sex of perpetrator - male / female • Relationship of abuser to victim eg. Father, grandfather 		

Treatment

What type of treatment to date has the client had since abuse disclosed/discovered?

	Yes	No	Approx Hours (circle)
<u>Individual Sessions :-</u> -general	<input type="checkbox"/>	<input type="checkbox"/>	<10 / 10-20/ 20-40/ >40

-focused on abusive behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<10 / 10-20/ 20-40/ >40
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-focused on own victimisation	<input type="checkbox"/>	<input type="checkbox"/>	<10 / 10-20/ 20-40/ >40
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	Yes	No	Approx Hours (circle)
<u>Groupwork:-</u> -general (eg Social Skills Anger Management Sex Education)	<input type="checkbox"/>	<input type="checkbox"/>	<10 / 10-20/ 20-40/ >40
-abuse focused (eg Denial Victim Empathy Relapse Prevention)	<input type="checkbox"/>	<input type="checkbox"/>	<10 / 10-20/ 20-40/ >40

	Yes	No	Approx Hours
<u>Family Therapy:-</u>	<input type="checkbox"/>	<input type="checkbox"/>	<10 / 10-20/ 20-40/ >40

	Yes	No	Approx Hours
<u>Other:-</u>	<input type="checkbox"/>	<input type="checkbox"/>	<10 / 10-20/ 20-40/ >40

Please specify

.....

.....

.....

.....

OFFENCE DETAILS

Victim Information

Victim 1

First Name (only)	Date of birth
Age at time of assault/onset of abuse	Gender
Relationship to abuser	Ethnic Origin
Approximate duration of abuse	

Victim 2

First Name (only)	Date of birth
Age at time of assault/onset of abuse	Gender
Relationship to abuser	Ethnic Origin
Approximate duration of abuse	

Victim 3

First Name (only)	Date of birth
Age at time of assault/onset of abuse	Gender
Relationship to abuser	Ethnic Origin
Approximate duration of abuse	

Details of abuse/offence

Victim 1

Nature of sexual abuse	Context/location (e.g. baby-sitting)
------------------------	--------------------------------------

Victim 2

Nature of sexual abuse	Context/location (e.g. baby-sitting)
------------------------	--------------------------------------

Victim 3

Nature of sexual abuse	Context/location (e.g. baby-sitting)
------------------------	--------------------------------------

Other relevant details

e.g. has victim(s) been assaulted by anyone else?

Form completed by Date

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